



Marine Protected Area Science Cruise

Program Information Sheet

School: _____ Program Date(s): _____

City of School _____

Class (Marine Biology, AP Environmental Science): _____

Grade Level: _____

Names of Teachers Attending: _____

Number of Participants: _____

Students: _____ Adults: _____ Teachers: _____

Time of departure from school for the program: _____

How did you hear about this program?

What prior knowledge do the students have on the subject? What pre-trip lessons were completed? Explain:

Special Needs: Please help us make all students comfortable and better able to learn by letting us know prior to your program about any physical, mental, or emotional limitations that students may have. These may include casts, ADHD, wheelchairs, learning disabilities, hearing impairments, etc.

Name: Restriction:

Name: Restriction:

Name: Restriction:

Name: Restriction:

If you need more room for special dietary needs or other special needs, please list them on an additional sheet of paper.

Please complete this form and email it to Jessica Roame at Jessica@newportwhales.com at least one week prior to your program date.